

PTO:SB-01A (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or,
- ☒ Application No. 10/084,546, filed on February 25, 2002,
- ☐ as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

**FULL NAME OF INVENTOR(S)**Inventor one: REBECCA E. CAHOONSignature: Rebecca E. CahoonCitizen of: UNITED STATESInventor two: SAVERIO CARL FALCOSignature: Saverio Carl FalcoCitizen of: UNITED STATESInventor three: KARLENE H. BUTLERSignature: Karlene H. ButlerCitizen of: UNITED STATES

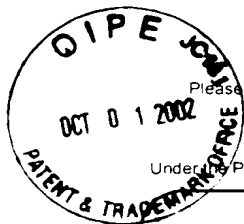
Inventor four: \_\_\_\_\_

Signature: \_\_\_\_\_

Citizen of: \_\_\_\_\_

☐ Additional inventors are being named on \_\_\_\_\_ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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PTO SB 81 (02-01)  
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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/084,546
Filing Date	FEBRUARY 25, 2002
First Named Inventor	REBECCA E. CAHOON ET AL.
Title	VITAMIN B METABOLISM PROTEINS
Group Art Unit	1745
Examiner Name	UNKNOWN
Attorney Docket Number	BB1201 US CNT

I hereby appoint:

☒ Practitioners at Customer Number

23906

**\*23906\***

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OR

☐ Practitioner(s) named below:

Name	Registration Number

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I am the:

☒ Applicant/Inventor.

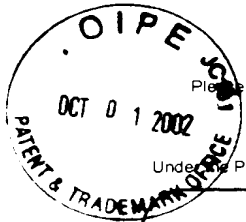
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	REBECCA E. CAHOON
Signature	<i>Rebecca E. Cahoon</i>
Date	<i>September 19, 2002</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.



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#### SIGNATURE of Applicant or Assignee of Record

Name SAVERIO CARL FALCO

Signature

*Saverio Carl Falco*

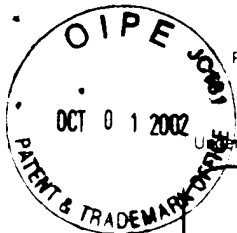
Date

*July 15, 2002*

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## SIGNATURE of Applicant or Assignee of Record

Name	KARLENE H. BUTLER
Signature	<i>Karlene H. Butler</i>
Date	<i>July 23, 2002</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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